



CITY OF ST. PAUL

OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION
350 ST. PETER STREET, SUITE 300
ST. PAUL, MINNESOTA 55102-1510

FENCE PERMIT APPLICATION

Number	Street Name	St. Ave. Blvd. Etc.	N S E W	Suite/Apt	Building Name	Date					
PROJECT ADDRESS											
Contractor (Include Contact Person)			Address City State, Zip+4 (Permit will be mailed to the Contractor's Address.)			Phone					
Property Owner (Include Contact Person)			Address City State, Zip+4			Phone					
The Fence will be erected on property which is :		Type of Fence (Check all applicable boxes)				ESTIMATED VALUE OF PROJECT					
Commercial <input type="checkbox"/>		Non-Obscuring Fence (Chain Link, Rail, etc.) <input type="checkbox"/> 1 Privacy Fence (Obscuring) <input type="checkbox"/> 2				\$					
Residential <input type="checkbox"/>		Barbed Wire Fence <input type="checkbox"/> 3 (For Commercial Property Only / Certificate of Insurance Required)				Estimated Start Date:					
Enter number of Dwelling Units <input type="text"/>						Estimated Finish Date:					
(Enter Total Lineal Feet) Length of Fence:		Height of Fence: Feet Inches		Will the Fence be erected on a corner lot: Yes <input type="checkbox"/> No <input type="checkbox"/>							
Description of Project					SUMMARY OF FEES						
Zoning Remarks		(For Barbed Wire Fence Only) Certificate of Insurance Required <input type="checkbox"/>	Historical Preservation Required <input type="checkbox"/>	Zoning District	Lot Size Width Depth	Permit Fee \$					
				Property Usage		Plan Check Fee \$					
				Reviewed By		Date	Total Permit Fee \$				
Plan Review Remarks			Reviewed By	State Valuation	Plan Number	Make Check Payable to City of St. Paul					
Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued.						FAX IT?					
						Would you like your permit faxed to you? Yes <input type="checkbox"/> No <input type="checkbox"/>					
						If yes, enter fax #					
Applicant's Signature _____						Date _____					
PAYMENT CAN BE MADE BY CREDIT CARD											
Please complete the following information for credit card payment.											
ENTER YOUR ACCOUNT NUMBER IN THE BOXES:				Circle the Card Type <input type="radio"/> Master Card <input type="radio"/> Visa	Expiration Date:						
					Month	Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature of Card Holder required for all charges.					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Please Sign & Date:											

If you are paying for your permit by *MasterCard* or *Visa*, you may fax your application.
The credit card information section must be filled in and signed.
Our FAX number is 651-266-9124
If paying by check, please mail the application and the check to us.

Effective 7/31/95

INSTRUCTIONS FOR FENCE PERMITS

FEES

\$22.00 for the first 200 lineal feet or fraction thereof erected and \$8.00 for each additional 100 lineal feet or fraction thereof.

OTHER REQUIREMENTS

A site plan drawing must be submitted indicating the following information:

- 1) All lot dimensions.
- 2) Location of the dwelling unit and/or other structures.
- 3) Street and alley locations.
- 4) Location and height of fence segments.

NOTES: Corner Lots must be indicated. There are special requirements for obscuring fences at intersections.

Barbed Wire fence requires a Certificate of Insurance. Please call 651-266-9008 for specific insurance details.

Building Inspectors are in the office for inspection requests between 7:30 AM - 9:00 AM, Monday - Friday.
Phone number is 651-266-9002.

To Contact Plan Examiners, call 651-266-9007

Permit Fee Information can be obtained by calling 651-266-9090, Monday - Friday, 7:30 AM - 4:30 PM.,